

ATTACHMENT I
STATE OF TENNESSEE VOLUNTARY BUYOUT PROGRAM
APPLICATION FORM

I wish to apply for the Voluntary Buyout Program ("VBP"), and I understand this application form must be postmarked or hand delivered by 5 p.m. Central time to the VBP Administrator at the address below on or before **August 5, 2008**.

I understand that if I am eligible for retirement benefits under the State's retirement plan and elect to voluntarily terminate before my application form is approved, my employment will be terminated even if my application form is denied. I understand that instead of voluntarily terminating before my application is considered, I may wait until a decision is made on my application. In the event my application form is approved, and I sign and submit the Waiver and Release Agreement, I will be entitled to severance pay and severance benefits under the VBP.

I also understand that I may revoke my signed application form by notifying the VBP Administrator, in writing, on or before **August 5, 2008**. The revocation letter must be postmarked or hand delivered by 5 p.m. Central time on or before **August 5, 2008**. I acknowledge that if I revoke my application form, I shall not be entitled to any severance pay or severance benefits under the VBP.

I also understand that if I apply for the VBP and am accepted and I do not sign and return the Waiver and Release Agreement, then I will not be entitled to VBP severance pay and severance benefits and my employment will be terminated as of my Voluntary Separation Date. Further, I understand that if I do sign and return the Waiver and Release Agreement and then revoke it, I will not be entitled to VBP severance pay and benefits. Additionally, my employment will be terminated as of my Voluntary Separation Date. In other words, if I apply for VBP benefits, do not timely revoke my application, and am accepted, my employment will be terminated on my Voluntary Separation Date even if the Waiver and Release Agreement is not signed and dated or is revoked.

I acknowledge and agree that I understand the terms and conditions of the VBP and that my decision to apply is voluntary.

I further acknowledge that in order to obtain severance pay and severance benefits I must submit a signed Waiver and Release Agreement to my organization's designated human resource office on my Voluntary Separation Date. If I am retirement eligible and opt for a Voluntary Separation Date before August 15, 2008, I acknowledge that in order to obtain severance pay and severance benefits, I must submit a signed Waiver and Release Agreement by the later of my Voluntary Separation Date or August 15, 2005. If I do not sign the Waiver and Release Agreement or if I revoke my signed Waiver and Release Agreement, I acknowledge that my employment will be terminated on my Voluntary Separation Date and I will not be entitled to any severance pay or severance benefits under the VBP.

I understand the State will determine my actual Voluntary Separation Date, but if I am eligible for retirement benefits under the State's retirement plan, I may elect to retire earlier.

(Name of Eligible Employee - Please Print)

(Signature of Eligible Employee)

(Eligible Employee's Social Security Number)

(Eligible Employee's Phone Number)

(Date)

RECEIVED:

VBP Administrator

(Date)

PLEASE SUBMIT TO:

Department of Human Resources
Attn: VBP Administrator
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, TN 37243-0635

*Application forms and application revocation letters sent by facsimile, electronic mail
or inter-governmental messenger mail will not be accepted.*